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Interview with Patricia Starck

Patricia Starck Ph.D., R.N., F.A.A.N.

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TEXAS MEDICAL CENTER
WOMEN'S HISTORY PROJECT

Dr. Patricia Starck

Interviewed by: Natalie Garza
Date: December 17, 2013
Transcribed by: Michelle Kokes
Location: UT School of Nursing, Houston, Texas

NG: This is Natalie Garza. I am interviewing Dr. Patricia Starck on Tuesday December 17, 2013 in the UT School of Nursing in Houston. Can you begin by telling me your full name please?

PS: Patricia L. Starck spelled S-t-a-r-c-k.

NG: And the L stands for?

PS: Lee L-e-e.

NG: Is there a maiden name?

PS: That is it.

NG: That is it okay. When were you born?

PS: 1938, September 15th.

NG: And where were you born?

PS: In Americus, Georgia.

NG: Did you grow up there?

PS: Yes.

NG: Can you tell me what that was like?

PS: Well it was a small town however it is the county seat where Jimmy Carter was from so that's how we have any claim to fame. It is located in southwest Georgia. It's about 130 plus miles to Atlanta from this town. I went to kindergarten through high

school there in this town and had lots of family around. My mother had lots of sisters and brothers. So we had lots of cousins a lot of family oriented things there.

NG: Did you have brothers and sisters?

PS: I have two brothers yes.

NG: Okay and can you tell me what your parents did for work?

PS: My mother well let me just start out by saying my mother when she was 4 years old got meningitis and she became hard of hearing and had that disability all her life. She went through one year of college but she really was quite limited in career because of her hearing problem. Pretty much in her day you could be a secretary or you could be a telephone operator or teacher. So she did not work when we were young and then my father died when I was about 5 years old and she did have to go to work. She found a job in the Manhattan Shirt Company as a seamstress and then she later became a supervisor of the seamstresses. Unfortunately that made her hearing even worse in the noisy factory. So she then married again and did not work again for a while. Later on she got into supervising housekeeping at the college so she was in charge of the campus crew that kept the college cleaned, and that was the last position she had. My father was going to veterinary school at the University of Georgia and that was his intention and his father had a stroke and he had to come back home to the farm and take over there with his dad. So he did not finish his education either and at the time that he died he was working in a hardware store in this town of Americus Georgia.

NG: What were the expectations of you as a child in terms of your education? Were you expected to go on to further your education?

PS: Well as I told you, I had lots of cousins and our whole extended family was medically inclined and so the tradition was the guys went to medical school and the girls went to nursing school. So I have several male cousins that are physicians and many female cousins that are nurses. We kind of just followed in that path, and when I was in high school your choices for a female were pretty much teaching or nursing or secretary. I did have a high school teacher that asked me, “Why didn’t I think about going to medical school?” and I thought it was the most radical idea I had ever heard of and did not really give it any serious consideration. But I knew I liked science and I knew I liked the healthcare field.

NG: Were there other things growing up throughout school or personal experiences besides the influence of your extended family that gave you an interest in science and nursing?

PS: No when I was 15 the summer that I was 15 and going to be 16 in September one of my aunts got permission for me to work in the hospital that summer even though I wasn’t quite 16 and as a nurse’s aide and I did that and I absolutely fell in love with that kind of work and with hospitals and the excitement that was going on there. So that’s really when I decided, “This is it! This is what I want to do.”

NG: So it wasn’t unusual amongst your family for women to go on to college or anything like that?

PS: As I said my mother had one year of college but I don’t think any of her siblings finished college.

NG: What about in the town, your other peers. Were they going to school as well?

PS: Yes and pretty much all of us cousins in my generation did to go college and finish college and some of them are professionals. One was the Attorney General of the United States under Jimmy Carter so yeah the cousins in my generation were all expected to go to college and have a career.

NG: So how did you decide on where you would go to school?

PS: Well I had a boyfriend. You know how that is. I had a boyfriend who was going to Emory and that's what I wanted to do and my mother thought I was really too young, a little bit too young to go off to the big city so she planned for me to go to the community college which is in this town. It was called Georgia Southwestern College at that time. It has since become the place where we have the Jimmy Carter library and we have the Rosalyn Carter Institute of Caring so it's quite well known now but at that time it was just a small community college. So I went there first and then I later went to Emory and got the Baccalaureate in nursing.

NG: Were there a lot of people getting Bachelor's degree in nursing at the time?

PS: The predominant way to become a nurse at that time was diploma schools in hospitals but I already knew that, that was not the way to do it that you needed a college degree and that was also the beginning of the associate degree in nursing which is a community college degree. In fact, this program where I went had one of the first ones in the nation. But it was really modeled after the diploma program. So it was 36 months, three full years including summers. So it was the same amount of time as the Baccalaureate degree would have been and then I went on to Emory to really get the rest of it and get the Bachelor's degree and then a couple of years after that I went on for the Master's at Emory.

NG: So your Master's degree you received it in 1963. It wasn't directly after?

PS: It was not directly after I taught...well let's see when I first finished the Baccalaureate I took this wonderful job as a rehab nurse consultant with an insurance company with Liberty Mutual. And in this job I traveled to North Carolina and Virginia and the job of the rehab nurse was to assist the workers' compensation injured people like amputees or spinal cord injury who then the insurance company was responsible for the rest of their lives for not only salary but their medical care. So it was in the insurance company's best interest to see that the patients were as rehabilitated as they possibly could be to do as much for themselves and to not have to have nursing home care or be dependent on care in the home. So I had patients who had been in logging accidents and various accidents in other industries in North Carolina and Virginia and we would send them off to Boston. Most of the time to Boston Memorial Hospital or let's see it was Mass Memorial Hospital I believe it was called for two or three weeks of rehabilitation training and then they would come back home and our job was to not only see that they got the care but to see that when they got back home they didn't develop complications.

In one case I recommended that they build the patient a small home that was wheelchair accessible and the insurance people thought that was a wildly ridiculous idea. But when they looked at what nursing home care would cost the rest of his life, which was kind of the only other alternative at that time, they decided [a wheelchair accessible house] was the most economical and certainly was the best for the patient and his wife. So they ended up doing that. My job was to just go in and help the family get adjusted, help the patient get adjusted, and to make sure they didn't run into complications. That was a wonderful job because number one at that time they wanted us to travel first class

because they wanted the insurance company to look profitable and for everybody to think this is a good company. So we really traveled in style and it was a lot of fun going to these 5 different cities and having dinner with different people. I was young and I thought that was fantastic. Then after that I got married and I had to quit all this traveling and that's when I started my teaching career. As soon as I started teaching I thought, "Oh I need to go back and get more education." So that's when I went back.

NG: What made you have that realization? What about teaching?

PS: Well the place where I taught I was younger than some of the students. So it was like I was over my head in this environment. In those days you could teach with a Bachelor's degree which is what I had and I just knew that you needed more skills than I had to be able to teach and to write objectives and do lessons plans and all the things that you need to do. So it was my own decision. My husband was in medical school at that time but I got a scholarship to do the Master's and I did go back and finish my Master's at that time. Then I taught again after that with the Master's degree.

NG: Were you working while you were going to school?

PS: No.

NG: With your scholarship you were able to go?

PS: Right.

NG: Was there any kind of specialization within the Master's degree?

PS: Yes that's when I chose rehabilitation nursing and we had choices of different clinical areas and I really liked all of the clinical areas, couldn't decide and that's when somebody told me well with Rehabilitation that includes all the clinical areas, pediatrics its geriatrics its adults even OB there's some rehab after you have a baby. So it's like

nobody gets away without needing rehab. That's one of the reasons I did that. Then I had a cousin who at 16 had been injured and had become a quadriplegic and I was kind of interested in the rehab of all that.

NG: Were you able then to continue working with patients when you were teaching?

PS: Well, my first job after the Master's was an ideal job. The school was connected to the hospital. I taught orthopedics and neuro and in my classroom I had the lab equipment, so I had a bed with a trapeze and all the kind of things you would now find in a simulation lab. It was right there in my classroom so we could teach in the class, demonstrate how to work the equipment and then go across to the hospital and take care of the patients. So as a faculty member I did not do, I did not directly care for patients except through my students in assisting them at the bedside.

NG: And as you were going along teaching how were you beginning to feel about the job of teaching?

PS: I really loved the teaching because I quickly realized that if I'm a nurse I'm affecting one patient at a time. When I am a faculty member and I'm teaching 20 students I'm really affecting 20 patients at a time. I had a very significant "Aha!" experience with one of my students in orthopedics at that time when you had an amputation of your leg they would elevate the stump on pillows to keep it from swelling and then that would cause a problem in rehab because when you have a prosthetic you have to push back with your thigh but they were contracted with it elevated so this was kind of a new finding at that time. I told the students "Do not put the pillow under the stump, raise the foot of the bed so get blocks and raise the foot of the bed." That's the only way we could do it at that time now you can with the electrical things. But the practice in the hospitals was still

putting this pillow. So one day I passed by a patient's room and I heard one of my students saying, "We will not use this pillow. Take that pillow out from under the . bed. We are going to raise the foot on the blocks." It was like, "Yes!" So that is one of the reasons I thought, yeah I love teaching I love the students.

NG: I saw your CV but I can't remember if you taught at several places before moving to Houston?

PS: Yes in Georgia and Alabama and in Florida.

NG: And I saw one in Greeley, Colorado?

PS: Yes in Greeley, Colorado yes my husband was an intern there so we spent a year there but I was not teaching there I was working in the hospital in what they call float pools so it's like wherever they need you to go. So I was not working as a regular job because I wanted to be off when he was off and he had an irregular schedule. So I worked in the float pool which meant I could say yes or no when they called me.

NG: So one of the things that I've been talking to people about is this balance of personal life with your professional life. Did you find with nursing you were able to have some flexibility and being able to balance that?

PS: Yes I think it's a matter of your personal commitment to do that. There are times of course when you have to set your priorities and sometimes your personal life is not your priority so you have to just make those choices. I think as a nurse we are educated so well in how to promote health and prevent problems and recognize early signs that we all can monitor ourselves pretty well to know, "Hey you are getting pretty stressed out. You are getting burned out. You need to make a course correction here."

NG: So you went on to get your doctorate after several years. Why did you make that decision?

PS: Well because that was what the standard was. I mean it was like if you are going to stay in this profession and you are going to be the best that you can be that's the doctorate so you need to do that.

NG: Where did you go for your doctorate?

PS: I went to the University of Alabama in Birmingham because there was not a program in the state of Georgia for a doctorate of nursing and I wanted a doctorate in nursing instead of a doctorate in education or something else. So the closest one to me was in Alabama and I looked into their program and it was a strong clinical program and that's what I wanted. I did not want a program where you never touched a patient you just learned theoretical concepts. So I really liked what I saw with the University of Alabama in Birmingham and chose that place.

NG: When you said to be able to be the best that you can be in your field do you mean in nursing education?

PS: Right and in being a professor yes.

NG: And is that mostly why people were going on to get their doctorates in nursing?

PS: I think at that time there was not that much pressure on people to do that. If you had a Master's degree in nursing that was perfectly acceptable for a teaching credential. This was back in the 1970's as you saw when I went back to get my doctorate. But you also knew that this is going to be the way of the future and you might as well get prepared for it.

NG: Did you have to move then to Birmingham?

PS: Yes I had to move and relocate my family and I moved over there without a job or without a source of steady income but I felt like, "I know I could get a job when I get there so I'm not going to worry about that." And I had some scholarship money and my daughters at that time were middle school age so we looked around and we found an apartment that was within walking distance of their school and in those days you didn't worry so much about safety and they actually walked through the woods to get to their school. I wouldn't dare let anybody do that now. But we kind of had everything set up to function smoothly and it all worked out.

NG: So when did you have your daughters? Do you have other kids?

PS: I have twin girls and when I went back for the doctorate as I said they were in middle school so they were born well I know the year they were born in '66 I'm trying to think about how old I was probably about 27 or something like that at that time when they were born.

NG: How did you manage that having twins?

PS: Well at that time their father was in the army and in fact they were born at Fort Hood, Darnell Army Hospital and then he had to go to Vietnam when they were 3 months old and I went back to stay with my mother in Americus, Georgia while he was gone. My mother was just thrilled to be able to care for these two little babies and so I looked into, "Well what if I worked here at the college where I had gone to school?" So I did that. I was hired by them and had a faculty position there for the time he was in Vietnam.

NG: So was your husband with the medical unit?

PS: Yes he was with the First Cav.

NG: How long was he there?

PS: He was there around a year and then he came back and then we moved to Idaho and we were there for a couple of years and I did not work then because the children were very small.

NG: What kind of support did you receive from him going for your doctorate?

PS: He had died by that time.

NG: Okay. So that was part of your concern or maybe you know part of your thinking in terms of finding a job.

PS: Right as a single parent yeah.

NG: Okay.

PS: But I had asked my mother if I could ask her brother (my uncle who was well off) if I got into a financial jam could I call on my uncle Bill? She said, "No you call me!" So I kind of had the assurance that if I were ever to get in serious trouble I'd have some back up.

NG: What was the feedback from your family of you going [for your doctorate] as a single mom?

PS: My mother never could understand why I was so ambitious. She said, "You know your husband's a doctor. What do you want to go back and get your Master's for?" So she was really not too keen on any of this. Then her motivation became, "You're going to leave Georgia and go to Alabama that's too far for me to go and see my grandchildren." I didn't have a solid foundation of support as far as, "Yeah this is a good thing go ahead and get your doctorate."

NG: How would you describe where that motivation came from with wanting to continue?

PS: You know I don't know I've looked at all of the cousins and there are probably about 3 of us that are type A+ and what's interesting to me is as long as that was the male's that was wonderful. Like my cousin who got to be the Attorney General but if I wanted to do something like that it's like, "The female you're supposed to get married and be content to do that." So I think I was just born with those genes. That was my destiny.

NG: After... well actually what I wanted to ask you about researching during your doctorate. What were you researching? What was your dissertation on?

PS: I worked with spinal cord patients at Spain Rehabilitation Center in Birmingham and I had long been puzzled with these patients that some of them were an inspiration to us. They would say, "This is not going to slow me down. I can't walk but I can get around in a wheelchair and I'm going to go right ahead and live my life to the fullest and be the most that I can be." Then there were others that felt like "This is a dirty trick the world has played on me and I don't deserve this" and they were depressed and they were not motivated. They didn't take care of themselves and they got all kinds of complications and they really had, they did not ever live out their potential in life. I was curious as to what can a nurse do to get them on the right path early on?

In my readings I came across Victor Frankl who was a physician and a psychiatrist. He had worked in Vienna and had been in prison in Auschwitz and Dachau. Frankl came up with the psychological theory that what is the primary motivator of human beings is the seeking to find meaning and purpose in life, and that you can find

this no matter what your circumstances. So I studied that and read everything he had written and some things that other people had written and decided I wanted to develop an intervention that would test that theory with spinal cord injured patients. There were some standardized instruments that looked at measuring the sense of purpose in life a person had and there was a companion test called the seeking of noetic goals, not religious but the human spirit potential.

My intervention was to give those two tests to see where they were on the scale of what sense of purpose they felt in their life and how eager they were to seek that. And then my intervention was a series of 6 visits to them where we had different exercises for them to do and everything to try to help them improve their sense of purpose in life and motivation to seek. So then at the conclusion of that six weeks I gave them all those tests again to see if there had been a change in their scores. I had an experimental group and a control group. Small numbers but nevertheless enough to satisfy the statisticians. That was my research and what I found is number one, these patients had a lot of fear that nobody had ever identified in the literature. One was their inability to flee from sudden danger. I had one patient who told me he did not want a ramp built on his house because he did not want other people to realize there was a handicap person there because he might be more vulnerable to break-ins and things. I thought how sad he's missing out on so much. And their fear that if a fire breaks out in the house and I'm here alone how am I going to get out? It was a lot of things that I guess we never thought of as being problems.

We were dealing with you know their pressure sores and their urinary function and nobody ever really recognized their psychological fears and things that kept them

from being the most that they could be. In concluding the study itself I didn't really find that my intervention was going to be miraculously life changing. But I did have clinical findings, so they weren't statistically significant, but they were clinical findings that were helpful in the care of these patients going forward. I also found that just taking those two tests provoked people to do some serious thinking. Even the control group did some of this serious thinking and they didn't have the intervention in between. That was basically my research.

NG: You said that some of your clinical findings were helpful. Could you describe those things?

PS: Well the kind of exercises that we did where I asked them questions like, "Has anything positive come out of this experience?" and a lot of them had never thought about it but then came up with things like, "Well I'm closer to my family now. I appreciate things more than I did." One patient who had been very athletic felt that his life was destined for athletic things. He didn't care about anything but his body and he ended up going to college as a result of this, and getting a doctorate and he said, "I never would have developed my mind if this had not happened." So getting them to focus on what you have left and what you can do with what you have left. I think that was a significant clinical finding.

NG: How has that influenced your work since then? Or do you continue?

PS: Well this kind of therapy is called logotherapy and I have really used it in administration and in many life situations. For instance if we have a student that is not making it academically and you know they come in and they beg you know, "Just give me ½ a point and I'll pass this semester." Things like that I have used it to say to them,

“Well what are the benefits? The benefits are you can slow down your studies a little bit you can get a better foundation. You are going to be what, four months later graduating than you thought and you’ve got 40 years career isn’t it better to get a firm foundation now with four extra months?” Trying to help them see maybe there is a reason you are needing to slow down a little bit. So it’s helped me in numerous cases where I had to counsel people that were very disappointed in something that happened but this whole philosophy is there are many things you can’t control but the thing you can control is your attitude toward it and you need to look at what is fate and what is freedom? So there are some things that are fate. They’ve happened they are in the past you can’t undo them but what choices do you have now? Try to make the best choices now.

NG: Can you tell me about the Victor Frankl Institute of Logotherapy Lifetime Achievement Award?

PS: The Victor Frankl Institute is an international group. It was started I believe in about 1979. That was the year I finished my doctorate and I met Victor Frankl there at that first congress which was in San Diego and he told me I was the first person to ever use Logotherapy with the physically disabled. So we got to be colleagues and I knew him over a 20 year period. The Victor Frankl Institute intends to carry on the work of Victor Frankl and there is so much of psychiatry that is based on psychoanalysis where you lie on a couch and you tell all the bad things your parents did to you and all the issues like that. Whereas logotherapy is, “That’s fate, that’s in the past. You can’t do anything about it. What can you do? What can you do going forward?” So it’s a different approach to psychotherapy and it certainly does not claim to be the panacea of all psychiatric problems. But it is an adjunct and it is a different approach. So the Institute of

Logotherapy is dedicated to seeing that that message goes forward and that young people are trained in this, as well as the other kind of therapies. Logotherapy is one of the modalities of treatment which works especially well with some kind of people with mental health issues. So that's what the institute is for. And in some countries it was almost unknown. Part of what the institute is trying to do is train people all around the globe who can use this approach. The Lifetime Achievement Award is because I've been involved with the Institute since 1979, and I've been on the board, and I think the Lifetime Institute award is just to recognize the people for their contributions over many years.

NG: What did it mean to you to receive that?

PS: Well it meant a great deal because we have like I said a worldwide organization and we have members from all over the world and I think to be recognized as one of the leaders in this field is a pretty nice thing.

NG: What kind of work were you doing or where were you working after your doctorate?

PS: After my doctorate it was my intent to get an assistant deanship at a very good school and learn from a master dean. So I was looking around for positions like that. One was in Arkansas and it's a good thing I didn't go there because that Dean announced her retirement shortly after they hired the new person. But one of my faculty members called me and said, "I'm going to recommend you for the deanship at Troy State University in Alabama." I said, "No I'm not ready for that. I wanted to be an assistant dean and learn from somebody." She said, "I think you're ready. I think you can do it." I thought "Troy State who has ever heard of Troy State?" I want to go to a big school

somewhere. So she convinced me to go and just look at it. The experience, it would be good to have experience to interview and all of that. So I went and fell in love with the place. It was like, “Oh this is just what I want.”

The main campus was in a little college town, Troy, and the nursing program at that time had three campuses. They had Montgomery which was the largest city type, Troy and then Dothan, Alabama, which was a new campus still forming itself. And it was 60 miles from where my mother lived in Georgia so she said, “Yes! Troy is good! Troy is good!” So I went back and forth thinking, “This is not what I thought I wanted.” So that was, I remember going to the beach with my family and thinking, “Do I do this? Do I do that? Do I do this? Do I do that?” You know just trying to [make a decision] until I almost went crazy. I finally decided yes this is what I will do. So my faculty member had said, “You can call me... you know I will help you with this. So you can call me anytime you have problems and we will figure out what to do and everything.” So I was there and I was in Troy and then had to commute to these other places from time to time. I was headquartered in Troy.

I remember calling that faculty member two or three times and saying, “I have a faculty member who is drinking on the job what do I do?” You know things like this that you can’t imagine you have to deal with. And at one point I called her and said, “We are recruiting an Assistant Dean here and I really think I want to be the Assistant Dean and let somebody else do this deanship. It is just too much!” She said, “No, no you can do it you can stick in there and do it.” So she talked me over two or three humps like that. Then once I got over that hump I’ve been fine since. Like nothing will phase me! So that’s how I got into the first deanship.

NG: I mean I think you described a little bit about what that kind of learning and growing experience was like but can you talk about that some more of how you grew professionally in that position?

PS: That was a most unusual position because believe it or not all just about all of the male administrators were retire military, and I was the only female on the administrative team. So Troy State at that time was the number two university in the United States for serving the military. They had campuses in Europe and all over where there were military bases. The number one [military serving institution] was University of Maryland but Troy State was soon after, was second. So their President was a retired General, the Executive Vice President was a retired Colonial, and everybody in there was retired military and they ran the university like you would run a military unit you know with the commander and everybody saying, "Yes sir." When I came along it was a little culture shock for them as well as for me.

I remember a lot of the things that I learned involved me just trying to figure it out. Because I didn't have a person to go to and say, "What in the world is going on here?" I'll give you an example. One day my secretary said, "We got a call and Dr. so and so wants to see you this afternoon at 2:00 in his office." I said, "Okay." So I go over there at 2:00 and there are about 5 men sitting around in a semi-circle and me. And that taught me don't ever go to a meeting without knowing what the agenda is and who is going to be there. But the issue was we had a federal grant that was paying money for additional students, it's called capitation. I wanted that money kept in a separate pot not as part of my budget and they wanted to just put it all in with the regular budget. I figured that they were going to remove some of the regular money and substitute that capitation

money for something they might have given me anyway to run the school. The grant called for, "You've got to admit like 25 more students for this money." I wanted to keep it separate to be sure that I could account for spending the money the way we were supposed to spend the money. So these five men were there to convince me that I should put it all together. I was like, "What is going on here?" But anyway they tried strong arming me first like you know, "We're the generals and this is the way you need to do it." I said, "Nope. I've signed this federal grant to be accountable for it and for me to be accountable for it I want it kept separately. I want a separate account." Another tactic they tried was to make fun of me and they said, "Well this is like if you have a household budget and you want a separate bank account for the groceries and you want a separate account for paying the rent." I kept saying, "Nope. My name is on that grant. I want it separate and that's just the way it's got to be." So finally the weakest one of the men said, "Well what would be wrong with doing it like she wants to?" So they finally gave in. So I learned a lot of things the hard way I guess you'd say.

I had an ally in the President. The President was my buddy and I think he admired me sticking to my guns and everything. He was not one of these five. I learned a lot from him. By the way he was George Wallace's roommate in law school. So he had a lot of political connections and George Wallace, Jr. worked at the university. (I had some interesting stories about him.) But we had a golf course on campus. We had an equestrian school with all these horses and taught riding. We had things that most universities don't have and so you know I learned a lot about politics from him. At one time I wanted a new program, a Master's program in nursing and the Council of Deans voted to turn it down. So this is the Biology, the English, the History, that group of

people. At first I was amazed, “Why did they do this?” I finally caught on that they thought, “If she wants a new program she’s going to get more money and that might take money out of my program.” So it had nothing to do with what’s good for the university it’s, “How this might affect me?” So I got some bad advice on how to fix that and I tried to fix it and they voted it down again. So I went to the President and he said, “You know what, they are just advisory to me and I’m going to approve it.” Then we had another university that was competing with us and they wanted to get theirs. They didn’t want us to get ours. There was some competition.

NG: You mean their Master’s in Nursing?

PS: Master’s in Nursing. There was a different university in the state that wanted one at the same time we wanted one. They figured the state was not going to approve two. So they were really opposing us. So the President said, “Come into my office.” He picked up the phone. He called the other guy, the President of the other college and he said, “Harry I need you to back off on this one.” There was a story behind that where Harry owed my President a favor so he said, “Okay Ralph but can we have one in the future?” We said, “Yes we will support you to get one in the future.” So anyway the lesson there was sometimes the usual way of getting things done does not work and you have to know all the players and how they interact with each other, what the politics are. You have to know how do you get things done in this culture. So I learned a lot of lessons at that first deanship by you know trial and error and things that happened. But it was all very interesting. You know it was never a dull moment.

NG: There were no women mentors for you?

PS: No not really. No there were no other deans and like I said I had this faculty member in Birmingham I could call. A lot of this is not exactly common sense but you just have to figure out what are all the issues? What are all the problems? Where are the barriers? What are your options?

NG: Now kind of looking again at balancing family and all of that your girls then were still fairly young...

PS: Yes they were in high school at that point yeah.

NG: So you know having an administrative job like that takes a lot of time. How were you able to manage that?

PS: Well again we lived within walking distance of their school so they could get themselves back and forth until they started driving. I actually brought work home in the evenings every evening. So when they were doing their homework I was doing my homework. So we managed that way. We always ate together and had you know meals. We had a very good family time there. So I mean it's just part of what you do.

NG: What about the decision to come to UT?

PS: To Texas? Well I had been at Troy State for 5 years and I had been in this college town. My daughters had started college there (first year of college) and I really wanted to get to a place where they had a medical center campus. Because you know you are there with history and English and you are the only clinical program there. I was missing something. I was tired of reading about medical discoveries in the paper and not being at the place where they were happening. So I started looking for a position. Again I thought, "I'll just be an assistant dean to some big school and learn the ropes or whatever, not have all the responsibility." So I applied.

I wrote to Billy Brown at UT Austin and said, “Do you know of any place that has an opening for Assistant Dean?” She called me and said, “Well would you consider a Dean’s position at Houston?” I don’t know if I said yes right away. I said, “Oh that’s not really what I want to do but okay I’ll look.” So anyway they called me and I was going to California for an interview and Texas called and said, “Well can you stop by here on your way to California when you come back?” So we arranged that on my way back from California I would stop here and they told me, “We don’t want you to interview we just wanted you to meet the President and just you know kind of meet a little bit and talk about it and then you can decide whether or not you want to apply.” So I went to California and that was about the time Proposition 13 had been voted in which was to really cut the budget for higher education in California. So when I went there they put me up in like a dorm room and they said, “Well we’re not able to take you out to dinner but you can walk up the street there is a place that you can eat. We’re not able to reimburse you for your dinner.” Which is like, “Goodness!” I looked at the campus and talked to the faculty and it was pretty bare bones kind of thing.

On the way back I came to Houston just to talk to a couple of people. They put me up at The Shamrock which at that time was this glorious hotel with the swimming pools the size of football fields and I called my daughters and said, “Guess what they put me in a suite and I have two televisions in this room!” Well the next day the President called and said... I think we were going to meet for breakfast or something, we were going to meet for a meal in the hotel. So the President and the Chairman of the search committee came. I’m sure I had sent them my CV ahead of time so they knew something about me. And the President was very taken with the Victor Frankl work and he was of

that same ilk of being very aware that there is more than just the physical care and so forth. So he liked that very much and he told me that they had, had a search committee and had interviewed these different candidates for Dean and the faculty recommended a person. The President told the search committee, "I want three names." They gave him one name and they said, "This is who we want." He sent it back and said, "No I told you three names, give me the top three." So they sent him one name again. He met with that person. He said, "The chemistry just wasn't there." It just didn't work. So he said, "This time we are going to find a person to see whether we like them and then we are going to let them interview with this faculty search committee." This was already like, "This is strange."

It became apparent that they didn't want the faculty to know anything about me coming there until they looked me over. We finished the meal and the President said, "Well do you have a nice room here?" I said, "Yes it's a suite." "Well could we go up there and talk some more?" I thought this is a little strange too... I said, "Okay." So the three of us went up to the room and the President said, "Well I don't know how much you make now..." I just told him, "This is what I make now." "Okay we can offer you a figure that was a nice jump." He said, "I don't know how much you paid for your house where you are now." I told him what I paid and he said, "Well you know you will probably have to pay double that here." And we practically had a deal before I ever interviewed with the faculty. So he said, "Okay now what we want you to do is we want you to come back and meet the search committee and interview and you don't need to tell them you've already talked to us." So that's what I did. I told the faculty this story since

because you know it's been 30 years ago and the guilty parties are not here anymore. But that's how I got introduced to this campus.

NG: So what did the faculty think of you then?

PS: You know I'm not even sure but the first faculty member I met was Marianne Marcus and she was very nice and we got along very well and you know I assumed that it was positive. However when I got here I found out that the faculty was not used to the dean being the leader. The faculty was used to the Dean, "Stay out of our way we are going to do what we want to do," and it was a rude awakening when I started asking questions and said, "Why in the world are we doing this?" So we had some friction. We had some problems. And I had told the person who was head of one program, "This is what I want us to do." She said, "No this is not what they are going to do." So I went to the President and I said, "I want to relieve this person of her position, will you back me on this?" He said, "Yes I will." So I went back, I called her into my office and I said, "As of now you are no longer the Assistant Dean of the da ta da." She said, "You can't do this." I said, "Yes I can and here it is in writing and you are no longer in this position." Well that kind of got the faculty to know this is serious and this person really is going to make some changes here and we better be paying attention. So we had to terminate two or three people before we got people settled down to say, "We are going to work as a team. We're all going to do this together. We are not just people everybody doing what they want to do."

NG: You mentioned that you got in contact with Billy something...?

PS: Billy Brown.

NG: Is that somebody that you knew personally?

PS: I did not know her personally I just knew she was a well-regarded Dean in Texas and she was at UT Austin. She was there a total of 17 years and I don't remember at what point she was in her career there at that time but she was well known in the nursing world.

NG: So what made you look at Texas?

PS: I think I looked at all the places that had job openings. It used to be you'd look in the Chronicle of Higher Education to see where the open positions were. As I said I was looking for Assistant Dean at a big school.

NG: So aside from issues with faculty what kind of structural issues with the program and things like that were you facing when you came to UT?

PS: I was told that the UT program was not that well regarded in the community. In fact somebody told me the other day, "We're so proud the school is the top one in the state because it used to be this wasn't even the top one in Houston." So we had some issues about reputation, quality. There were educational things that you know we don't need to go into but the accrediting bodies or the experts said, "This should be the way it is." And we needed to tighten up and be sure we were the very best that we could be. We did not have that graduate program offerings and so we wanted to expand. We had no doctoral programs at that time and I don't think we had any nurse practitioner programs at that time. So we began starting new programs and doing that. The enrollment was not all that hefty and we didn't have a large number of applicants to choose from. So really all the aspects that you look for in a school needed improving.

NG: And I just want to say for the record that you came here in 1984.

PS: Yes.

NG: What was the medical center in general like when you came here aside from the difference in size what was the environment like?

PS: Well the medical center had the same reputation then that it has now. This is the Mecca this is the place to be, it's got everything so it's extremely impressive.

Particularly to me coming from a small college town where they didn't have a medical school or a medical complex at all. It was very impressive. There were world famous people here Michael DeBakey and Denton Cooley, and M.D. Anderson was well known at that time too. So yeah it was a terrific place.

NG: What about your reception as a woman in this position did you find any differences from Troy State?

PS: Yeah a big difference because number one this was not a military environment. The President who hired me was a wonderful humanitarian not egotistical and some of the issues that you might think of as a President physician. So I found the work environment very, very good. All the Deans were collaborative. It was a very nice atmosphere.

NG: The President at the time who was that?

PS: Roger Bulger.

NG: Okay. The majority of the faculty or maybe all of the faculty were they women at the time?

PS: We had a few males, we had a few males.

NG: Okay and was there any differences there in your past experiences?

PS: No I've always been in places where we've had a few males.

NG: Okay.

PS: We have a large number of males, men in our student body and we graduated a large number just this past week. So we've greatly improved the number of males in our program. But I've always been where there've been a few at least.

NG: And what do you think the impact is I guess on the profession with an increasing number of males going into nursing?

PS: Well we certainly want to have gender balance and we are working toward that. We've got a long, long way to go in that. But what I find is when the students graduate they are nurses and its incidental that they are male or female. I don't know that they have necessarily changed the core being of what the profession is.

NG: What kind of changes have you seen in the Texas Medical Center again aside I know physically it has changed a great deal?

PS: Well it's grown as you say. The technology has greatly increased and that's always expanding. I am more aware of the research increases and the opportunities that have come about throughout the years. I think in general you know it was as they say formed with competition one trying to be better than the other and it has been a big movement toward more collaboration and less negative kind of competition. Which is a good thing.

NG: You mean amongst the different...

PS: ...among the different institutions right.

NG: And I was looking at things you work on, your research and writing. It seems like you have clinical issues that you look at and educational issues that you look at. For the clinical aspect it seems focused on pain management?

PS: Yeah.

NG: Would you agree with that?

PS: Yes.

NG: Could you talk about why that interests you?

PS: Well going back to the spinal cord and the people who have had devastating life experiences it's really the study of human suffering and what is human suffering? Part of it is pain. It's not all of it but part of it is pain. And looking at the pain management is largely a nursing responsibility to determine when and how much and if changes are needed in medication orders. And when you look at the literature you will find that we have a big problem with the under treatment of pain, not giving enough medication, not giving it often enough for whatever reasons under treating pain which I think one of the reasons people do that is fear of addiction. If you look at specific ethnic groups of patients, minorities have for sure less adequate pain management. If you look at emergency room visits (this many Hispanics with heart attacks, this many Caucasians) you will see a difference in pain level, pain treatment. You will find a difference in pain treatment with elderly, providers thinking, "Well all the elderly have aches and pains." Then for a long time we were educated that it didn't hurt little boy babies to be circumcised. You think, "Really?" When you look at it and you think neonates and babies we had not paid enough attention to pain level there.

So I was very interested in what can we do to try to change some of that? And one of the things I'm proudest of is that we published an article, the first article that ever said, "The under treatment of pain is a medical error." So we were at that point in the history where we were focusing a lot on errors made in medicine. We generally think of giving the wrong medicine the wrong dose or something like that, but to under treat

someone's pain is also an error. So we had the article published by the... it was the Journal of Quality Improvement, the Joint Commission of Hospital Accreditation and I hope it did some good to practitioners and clinicians but it is still a problem we are working on. So that has been my clinical area and as a Dean you can't really, you don't find many deans that can keep up a full research program. So I kind of have to put that aside. I've also done a lot of writing in healthcare reform and healthcare systems. I don't know whether you have it there but I was on the Clinton Healthcare Reform group in the 1990's and we worked on how can we make the system better and so forth. So I'm very interested in all that as well. Certainly in education we've got a lot of challenges that need research about how best to educate students with all the online courses and the educational technology that we have now. So there are lots of areas that I'm personally interested in but do not have the time to really fully develop.

NG: So what is your opinion about the healthcare reform that has been put into place the Affordable Care Act?

PS: Well lots of opinions about that but I would say that right now it is the law and I don't think it does us any good to keep complaining about it and talking about repealing it. At this point we should be talking about how do we make it work with the restrictions or the laws that we have now. So we know that regardless of this healthcare type reform or some other kind, or no reform we have a shortage of the work force. We need to be putting our attention towards increasing the work force, finding better ways, faster ways to get people prepared because that's going to be needed one way or the other.

NG: I noticed that in some of the things that you've worked on with education the topics you talk about and write about are fixing the nursing shortage and things like that.

PS: Right.

NG: Is there a particular part of nursing education that you think is most pressing that you feel like as Dean you need to address?

PS: Well I think the biggest problem area right now is the primary care work force. We have a shortage of family medicine doctors and others who provide primary care. We know that medical students are not choosing family medicine as they have in the years, decades past. So we know we have a shortage now and we know that shortage is going to get worse with new patient, large patient numbers added to the rolls. Nurse practitioners can fill in the void as well as other advanced practice nurses like nurse anesthetists. I believe this is the area of greatest need right now, advanced practice nurses.

NG: Continuing on about some changes in nursing education can you talk about what some of the contributions you've made in changing the way we educate nurses?

PS: Well I think one of the things that I am proudest of is the work we did in the Rio Grande Valley. I can't even recall what year it was but we started the very first on-site Master's degree program in the Rio Grande Valley. Before that time they had had some satellite, if you will, satellite courses down there but what we did, we got a federal grant and then we got a state grant and once a week a faculty member flew down there and taught two courses, spent the night and flew back up here. We educated somewhere around 45 nurses in the Valley with Master's degree. We did this over an eight year period. So we did critical care nursing which is what the Valley hospitals told us they needed at that time and then we did some with women's health perinatal nursing. Those people have become leaders in the Valley who in turn have opened programs and taught programs and provided continuing education to the nurses there and have been faculty in

the program so we kind of seeded the area. Then later on we did doctoral outreach and in that one the students stayed in their home and we did the teaching by television and then sometimes the faculty member went there and taught up here by television and we have several Ph.D. graduates in the Valley who of course are now the leaders of those areas as well. So I think that was one of the educational innovations of really making a difference in the state that I'm very proud of that we did.

NG: I read about here at this school the accelerated Ph.D. scholars program is named after you?

PS: Right well we know that one of the reasons that we have a shortage of work force is we have a shortage of teachers. That's one of the main reasons. And we've got all these statistics about how the faculty is aging and we're going to have a large number retiring and we don't have the replacements. And so most nurses who get their Bachelor's degree work and go to school to get their Master's and if they go on for their doctorate they work full time and go to school part time to get their doctorate and it takes at least 7 or 8 years that way. So our idea was if we can provide a decent living stipend then we could get nurses to stop their work and go to school full time and finish in three years. So that's the program we designed. We raised money for it. We got some of the hospitals to contribute because they need nurses. They need us to graduate nurses. We can't do that if we don't have the faculty. So the idea was kind of a win/win all the way around and we started that program and had 100% success. We graduated all the students and they are all now in teaching positions.

NG: Is this an ongoing thing or is it a...?

PS: It's ongoing based on the money that we are able to raise. So this time we started a second cohort of 6 students and we have plans to do a third cohort hopefully of 10 students. Another educational program that I'm very proud of we started the first doctorate of nursing practice degree in Texas and I was on a national commission that worked on this and we're still meeting as a commission and putting this forward but this is a brand new degree in the profession and it is a clinical doctorate for those nurses who want a doctoral degree but not necessarily a research degree. So these students come in mostly as nurse practitioners. We have some nurse anesthetists and we have some nurse executives. And they gained doctoral level clinical skills as well as skills in health systems and organizations and health policy, ethics, informatics and they are going to be the leaders I think in reforming the healthcare system and figuring out how to solve some of these big problems that we have.

NG: So they are not looking to get into education?

PS: Yes they probably will because we need those kind of experts to teach the Master's clinicians and we are hoping that most of them will have a combined career so they will do practice and teaching.

NG: What do you see as the future for nursing education?

PS: For nursing education I see larger numbers at the graduate level. Right now less than 1% of nurses have a doctoral degree and we're going to need a lot more than that. So I see a big expansion in the graduate level component of the school. I hope this is what happens.

NG: Do you see any dangers in the professionalization of nursing and pushing out working class and minority students who used to go into the profession the more it is

professionalized in that way of people not perhaps not having access to higher education in that way?

PS: I'm sorry ask your question again.

NG: In increasing the professionalization of nursing of people not having access to these upper levels of nursing education and I'm mostly talking about working class students...

PS: They do have access to this I don't understand what you mean.

NG: Well I mean people who study issues of class throughout history for example with the increasing professionalization of the medical field a lot of black physicians were kept out of certain aspects of medicine because with new standards... certainly with new standards there were improvements for patients but at the same time black schools, historically black colleges and hospitals were not able to meet those standards so it ended up pushing out or excluding black doctors at the time.

PS: Well I'm not.

NG: I'm talking about a similar thing happening but more in terms of a class issue as opposed to a race issue.

PS: I don't think that's ever been an issue in nursing. We delight in getting students who are first generation college students. If you think about it the logotherapy that's what it's all about is taking somebody and helping them see they can be more than they think they can be. So finding a meaning and purpose in life to serve others where you never envisioned yourself in a professional role. That is a very satisfying thing for a teacher. I will tell you, I've taught in a minority institution and it's my personal philosophy that it's wrong to educate students to say, "You are black therefore you will

know how to take care of black patients better than anybody else. We need you to take care of black patients.” I think we ought to teach all students to know how to take care of all patients and that that should not be an issue.

That said I do understand that a patient may respond better to someone from their culture that they think understands them. Then certainly there would be advantages to a nurse from the same culture understanding diet and other things but I don’t believe that we are recruiting minorities just so they can take care of minorities. So what I like is a nurse that you see walk in your room as a nurse. You don’t see what gender they are, what ethnicity they are. I mean I’d like you to think they are a UT graduate that’s the most important thing about them. So we have a lot of scholarship opportunity. The way to get in this school is your achievement. It’s not your color, your ethnicity, your gender anything. It’s we want the high achievers and we want the best. And when we do that we find that we have admitted a diverse group. So that’s my philosophy about that. I think we love to see stories where people have brought themselves up by the boot straps and have made something of themselves strictly because they said, “I’m determined to do this.” And those are the kind of people we like to help get it done. I’m not sure if that answered your question though.

NG: A little bit. I didn’t mean having people of the same race providing care for somebody of the same race. The nursing profession is becoming increasingly professionalized so I think that changes the way people used to get into nursing. If getting an Associates degree or something like that becomes insufficient. I know hospitals increasingly want Bachelor’s degrees. So what I was saying is it’s taking

longer for people to get into nursing and do you think there are dangers of people who are working class...

PS: Oh I see...

NG: ... who are kind of anxious to get to work quickly, you know having to spend four years as opposed to maybe two years.

PS: Well this two year thing is a myth because hardly anybody graduates in two years. They are going to be three years maybe three years plus. And we have done calculations that it cost you more it's usually longer if you do the two years and then the Bachelor's then if you had gone on to the Bachelor's to begin with. But you are saying, "Well but community colleges are half the price. The tuition is half the price." We do have scholarships. If we don't have enough scholarships this is another barrier I think for minorities they don't have experience in their family sometimes of taking out loans. It's just not done and they are not going to do that. But the fact is that you can get different loans some with the federal government as you know and get yourself the right kind of education and then when you go to work and have a good job then you pay off those loans. So it's kind of an investment in your future.

But do I think this holds some people back? It probably does and not just any one particular ethnic group but many students like to work and save up money and know they've got the tuition money and then start school. So that's another way to do it. It delay's you getting your education and getting out. I think it is a sensible plan for people to say, "I'll get my associate degree in nursing, get a job and then I can work my way through the rest of it." And that is a sensible plan. However, now what we are finding is hospitals in the medical center are saying, "We're not hiring associate degree nurses." So

you can go out in the hinterlands or somewhere and find a nursing job but how do you think we ought to solve that problem?

NG: I don't think that it's... I mean more funding is how to solve it. I don't think that we are going to go backwards. It's not going to change to...

PS: Yeah right.

NG: ...to where it's less professional, where it's less education. I think it can be good for the patients that you are requiring more education.

PS: Yes right.

NG: ... but difficult for the people wanting to enter into the profession so funding is the only thing to solve it.

PS: Well I don't think, do you think the myth is out there that if you are a minority, an ethnic minority whatever I mean that term is changing, that you need to start in a community college?

NG: No I think in many ways it's more of a class issue than a racial or ethnic issue.

PS: Okay so if you don't have much money then you start at a community college is that what you say?

NG: I think that yeah a lot of people have that feeling like you said not wanting to take out loans and fear of not having scholarship funding and all of those things.

PS: Right.

NG: And often the scholarship money pays for tuition so then people are left wondering what are they going to live off of?

PS: Yeah I know it's tough being a student period. You've got to struggle for a few years.

NG: What kind of opportunities do you think exist for women now that didn't exist before?

PS: In nursing?

NG: In nursing.

PS: We are seeing nurses become CEO's of hospitals, COO's of hospitals. We are seeing nurses be on powerful insurance company boards and other big healthcare decision making organizations. Certainly the advanced practice. These nurses under certain circumstances can set up their own practice, set up their own business. We have nurse entrepreneurs. We have nurses that started home care businesses and other kinds of... we have nurses that become attorneys that work in that field. So there are many, many branches that a nurse can go into, men or women.

NG: Are there any you know you've had a lot of different kinds of organizations and memberships that you've been a part of and awards and things like that. Is there anything in particular that we haven't talked about already that really stands out to you or that is meaningful to you?

PS: No I don't think so. I mean I've done a lot of things and we're not going to cover all of them but I think we've covered the big highlights.

NG: Okay. Is there anything else that you want to talk about or that you were expecting to talk about?

PS: I can't think of anything else.

NG: Okay well thank you.

End of interview